

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER YES ON 22 - SAVE APP-BASED JOBS & SERVICES: A COALITION OF ON-DEMAND DRIVERS AND PLATFORMS, SMALL BUSINESSES, PUBLIC SAFETY AND COMMUNITY <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (415)389-6800 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1422181 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY SAN RAFAEL </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 94901 </div> </div>			Date of This Filing <u>10/01/2020</u> Report No. <u>LCR #1880A</u> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Amendment to Report No. <u>001</u> <small>(explain below)</small> </div> No. of Pages <u>3</u>	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/14/2020	DOORDASH, INC. San Francisco, CA 94103 Memo Reference: NON:\$497:992	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,877.16
09/15/2020	DOORDASH, INC. San Francisco, CA 94103 Memo Reference: NON:\$497:993	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,811.20
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

AMEND TO REVISE AMOUNT OF NON-MONETARY CONTRIBUTION

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NAME OF FILER YES ON 22 - SAVE APP-BASED JOBS & SERVICES: A COALITION OF ON-DEMAND DRIVERS AND PLATFORMS, SMALL BUSINESSES, PUBLIC SAFETY AND COMMUNITY			Date of This Filing 10/01/2020	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. LCR #1880A			
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 <small>(explain below)</small>		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

AMEND TO REVISE AMOUNT OF NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:993
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:992
NON-MONETARY CONTRIBUTION
